

# Early Periodic Screening Diagnosis and Treatment (EPSDT) Specialized Services Prior Authorization Requirements

Please refer to <http://www.dmas.virginia.gov/ch-home.htm#EPSDT> for more detailed information on these services

Service Name	Private Duty Nursing	Hearing Aids	EPSDT Personal Care and Attendant Care	Assistive Technology	Behavioral Treatment (In Home treatment)	Residential Behavioral Treatment	Substance Abuse Residential Treatment	Inpatient Treatment
<b>Letter of Medical Necessity (from child's Physician)</b>	*MD Signed DMAS-62 form	*MD Signed DMAS-352 form	*MD Signed DMAS-7 form	*Physician referral	*Physician referral	*MD Cannot be employee of the treatment facility May use the CPMT letter	*MD Cannot be employee of the treatment facility May use the CPMT letter	*MD Cannot be employee of the treatment facility
<b>Clinical Assessment Summary</b>	N/A	*Audiology Evaluation Report	N/A	*Assistive Technology Evaluation Report	*Clinical Assessment Summary	*Clinical Assessment Summary	*ASAM Multi-Dimensional Assessment	*Clinical Assessment Summary
<b>Current Treatment Plan Required for Approval</b>	*Must use the CMS-485 or equivalent	N/A	*Must use the DMAS 7A DMAS 99	N/A	*Behavioral Treatment Plan	*Multidisciplinary Treatment Plan and *Independent Team Certification	Treatment Plan and *Independent Team Certification	*Multi-disciplinary Treatment Plan
<b>Provider Requirements</b>	Home Health Agency	Audiologist or Hearing Aid Specialist	DMAS-Enrolled Personal Care Agency or Services Facilitator	DMAS Enrolled DME Provider	Agency must be Licensed through DBHDS as an Intensive In Home Agency	CARF or JCAHO Accreditation	CARF or JCAHO Accreditation	CARF or JCAHO Accreditation
<b>EPSDT Contact Person</b>	Anne Young	Tabitha Taylor	Tabitha Taylor	Tabitha Taylor	Shirlene Harris	Shirlene Harris	Shirlene Harris	Shirlene Harris
<b>Contact Information</b>	(804) 225-2635	(804) 225-3231	(804) 225-3231	(804) 225-3231	(804) 225-3124	804-225-3124	804-225-3124	804-225-3124
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<b>EPSDT Manual Available?</b>	Yes	Yes	Yes	Yes	Under Development	Under Development	Under Development	Under Development

\* Indicates Requirement for Prior Authorization